

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH and ADDICTION SERVICES

Designated Screening Service
Gloucester, Hudson and Ocean Counties

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Division of Mental Health and Addiction Services
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Designated Screening Service

I. Introduction

The mission of the New Jersey Division of Mental Health and Addiction Services (DMHAS) is to promote opportunities for adults with serious mental illness to maximize their abilities to live, work, socialize and learn in communities of their choice. One of the operating principles of DMHAS is to insure that services are delivered by means of a comprehensive system of care, which emphasizes the most appropriate, least restrictive settings to promote the highest level of functioning.

Moreover, the DMHAS believes that people diagnosed with a mental illness can achieve wellness and recovery. This belief is grounded in a growing body of research and knowledge in the recovery field, as well as first hand accounts from people recovering from mental illness. The Substance Abuse Mental Health Services Administration (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” Embodying this philosophy, DMHAS recognizes that consumers of mental health services are able to identify and articulate their service and support needs. Consequently, service and treatment delivery must be individualized, person centered and family driven. These services will provide meaningful choices for treatment options to consumers.

DMHAS aligns itself with the President’s New Freedom Commission Report of 2003 which asserts “the early detection of mental health problems in children and adults — through routine and comprehensive testing and screening” — will be an expected and typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. Quality screening and early intervention will occur in readily accessible and low-stigma settings. Additionally, DMHAS ascribes to the New Freedom Commission Report’s assertion that: 1) services and treatment delivery must be consumer and family driven and delivered by a culturally competent service provider who recognizes the role of empowerment and the need to provide consumers with real and meaningful choices concerning treatment options and providers; 2) services must be focused on the understanding of the cultural and linguistic needs of the consumer and family; and 3) services and treatment must focus on “facilitating recovery and building resilience”, rather than merely managing symptoms. This includes the identification of traumatic histories among consumers seeking care and the urgent need to address principles of trauma informed care in workforce development and other important agency policies, procedures, systems and processes. We must avoid traumatization of consumers who may experience our systems and processes as dehumanizing and retraumatizing.

Acting Governor Richard Codey commissioned the Governor’s Task Force on Mental Health (Task Force) in 2005. The Task Force issued a final report in March 2005. The recommendations of the Task Force are one of several factors that served as a catalyst for the transformation of the mental health system to one which focuses on wellness and recovery. This report has served as the blueprint for the mental health service delivery system since its issuance.

DMHAS continues to implement the recommendations put forth in the Task Force report. Accordingly, this Request for Proposal (RFP) considers elements of the Task Force's recommendations regarding treatment, wellness and recovery. Specifically, with regard to psychiatric emergency screening services, the Task Force identified the need for increased crisis outreach efforts, availability of hospital diversion and respite services and follow-up services post psychiatric emergency screening. The Task Force also recommended that substantial additional resources be invested to address issues of staffing and outreach capability in order to support recovery and promote community tenure. Additional resources were directed to designated screening services in fiscal years 2006 and 2007.

Beginning in 2011, and in each year thereafter, DMHAS is designating a screening service for each of the State's geographic areas for a period of up to seven years in accordance with the Screening and Screening Outreach Standards (N.J.A.C. 10:31-10.1). Such designation will be made at the conclusion of the process concerning the awarding of public contracts through public solicitation of bids or, in accordance with emergency designation procedures delineated in N.J.A.C. 10:31-10.2. Pursuant to this requirement, the existing Psychiatric Emergency Screening Services for Gloucester, Hudson and Ocean Counties are being re-bid through this RFP. The psychiatric emergency services awarded through this RFP will meet the needs for evaluation for persons experiencing a psychiatric crisis through the provision of prompt assessment, crisis intervention, evaluation, and referral services. Psychiatric emergency services will offer persons clinically appropriate alternatives to inpatient care and when necessary provide a means for involuntary commitment. The service will have a strong mobile screening outreach component that will engage with consumers and families with the goal of mitigating a visit to the emergency room. The service will be available 24 hours per day, seven days a week including holidays. All psychiatric emergency services must be delivered in a culturally and linguistically competent manner. The psychiatric emergency services must also recognize the importance of being a trauma informed system of care.

II. Program Description

A. Screening Service

Pursuant to N.J.A.C. 10:31-2.1, a designated screening service shall perform the following functions:

1. Assessment of a consumer's crisis situation and identification of stabilization, diversion, and support services needed, and/or screening for commitment. This shall take place throughout the geographic area served by the service including such sites as other emergency services, jails, and nursing homes. The assessment shall be conducted in a linguistically and culturally competent manner. All relevant documents provided to consumers should be translated into the language they understand. If needed, additional language access aids should be made available to accommodate consumer and family needs. Assessment should also specifically address histories of trauma among consumers served. Information gleaned regarding both trauma and cultural issues should be utilized in all aspects of crisis stabilization and service provision;

2. Provision of emergency and consensual treatment to the person receiving the assessment;
3. Provision of crisis and early intervention counseling;
4. Referral via personal contact to the most appropriate, least restrictive treatment setting indicated, linkage and follow-up in order to maintain contact with all consumers until they are engaged in another service licensed by the appropriate authority where applicable, or are no longer in crisis [(see N.J.A.C. 10:31-2.1(d)9];
5. Initiation of involuntary commitment proceedings, where appropriate and pursuant to N.J.S.A. 30:4-27.10 and N.J.A.C. 10:31-2.3;
6. Operation of a 24-hour hotline which shall be answered at all times directly by a certified screener, crisis intervention specialist, or other clinical personnel under the supervision of the screener or crisis intervention specialist, and which shall receive calls which have been forwarded from other Affiliated Emergency Services (AES) during off hours. When calls are received from consumers who speak languages other than English, there should be language access aids available including the use of qualified interpreters and language assistance telephone lines to facilitate effective communication;
7. Maintenance of twenty-four hour per day screening outreach capability which shall include provision of screening services in any location in the designated service area of the Screening Service under the following circumstances:
 - a) Whenever there is indication that there may be a reasonable likelihood of dangerousness to self, others, or property due to mental illness;
 - b) Whenever the individual is unable or unwilling to come to the screening service or when transporting the individual may put him or her or others at further risk; and
 - c) If the consumer's history, behavior or location presents safety concerns that cannot be resolved through consultation by the screening outreach team with the police, transportation to the screening service will be coordinated with the police.
8. Provision of extended crisis evaluation bed(s) ("ECEBs") with 24-hour capability which shall be used for the purpose of assessment, intensive supervision, medication monitoring and crisis stabilization.
9. Direct or indirect provision of appropriate medical services for consumers who are receiving screening services;

10. Provision of medication monitoring which shall include medication for the purpose of crisis stabilization. Medication shall be administered in accordance with P.L. 1991, c.233 and shall not be given to consumers in non-emergency situations without their consent;
11. Arranging transportation of consumers in need of commitment to the receiving facility;
12. Provision of face-to-face follow-up visits and/or telephone calls until the crisis is resolved or linkage completed;
 - a) Consistent with the agency's policies regarding informed consent, the designated screening service shall make referral for aftercare services with mental health and co-occurring care providers who are licensed by the appropriate authority, as applicable. All referral plans should include an understanding and emphasis regarding the unique linguistic and cultural needs of consumers and a focus on accessing bilingual and bicultural service providers.
 - b) Affiliation agreements shall be developed and maintained with other community agencies to ensure priority access to psychiatric evaluation for medication within seven days of referral and to other mental health services within 14 days of referral. The screening service shall be responsible for medication until this responsibility is transferred to another agency.
13. In accordance with the procedures outlined at N.J.A.C. 10:31-2.4, assessment of the committability of consumers who are returned for screening services when they fail to meet the terms of their conditional release orders;
14. Provision of psycho-educational and/or supportive services to consumers and family members who are involved at time of initial crisis;
15. Advocacy, in conjunction with affiliated mental health, substance abuse or co-occurring providers, for services to flexibly meet consumer needs;
16. Maintenance of a written affiliation agreement with the designated Short Term Care Facilities (STCF) serving the screening service's geographic area;
17. Development and maintenance of a written plan to provide training or technical assistance for police and other community referral sources directly or through affiliations with other agencies;
 - a) The screening service may accomplish police training through presentation of a Division-approved curriculum that includes the provision of information regarding co-occurring disorders, at the police academy, and through periodic consultation and advisement to the police and other community referral sources. Curriculum will include information regarding

symptoms resulting from alcohol and drug use that may present as psychiatric emergencies.

- b). Training shall be provided on a continuing basis and shall include, but shall not be limited to: orientation to the screening system, provisions contained within the screening law, crisis intervention skills, systems interaction, transportation, explanation of mental illness and substance abuse, and the impact of trauma on the lives of consumers;;
- 18. Development of a plan, in collaboration with the general hospital that houses the screening service (where applicable) for transporting consumers in crisis, in accordance with all applicable federal and state law. This plan shall include transportation between an AES or screening service and transportation from these services to an appropriate treatment facility (e.g., psychiatric facility, psychiatric unit of a general hospital, special psychiatric hospital, or STCF), once identified;
- 19. Provision, as needed, of crisis intervention training and consultation for AES providers, other community referral sources, and police, in the geographic area;
- 20. Development and coordination of a mechanism for acute care system review for all acute care services listed in N.J.A.C. 10:31-2.1(a) and in accordance with N.J.A.C. 10:31-5; Maintenance of a system for tracking currently available treatment openings in the acute care mental health services system for which the screening service is granted access either directly, by subcontract, or by affiliation;
- 21. Ensuring that screening services are made known to the community at large through mental health, substance abuse and community prevention agencies, NJ Mental Health Cares (<http://njmentalhealthcares.org>) the DHS 211 hotline, publication of services in the local telephone directory; and other modalities.
- 22. Comply with N.J.A.C. 10:37-6.79 regarding records of all persons seen by the screening service and compile information regarding disposition of such persons for review by the Systems Review Committee (N.J.A.C. 10:31-5.).
- 23. Enhanced screening services shall perform additional duties, as negotiated and agreed to in their contracts with the DMHAS.

A screening service shall maintain a physical environment that is cognizant of, and responsive to, the varying needs and vulnerabilities of a multilingual and multicultural diverse population it serves, especially children and older persons. When such vulnerable individuals are presented, screening staff shall take steps to ensure that they are protected from exposure to dangerous, potentially upsetting or inappropriate stimuli.

Consistent with the DMHAS' emphasis of wellness and recovery as the cornerstone of mental health and co-occurring services, the proposed psychiatric emergency screening services will provide mobile outreach services with the intent of early intervention, assessment, referral and follow-up services to avert inpatient treatment.

Consequently, the screening service is to be designed and implemented in a manner that reflects recovery as an overarching value as well as an operational principle. The Federal Substance Abuse and Mental Health Services Administration has identified 10 fundamental components of recovery as part of the national consensus statement on mental health recovery. Further information regarding the 10 components may be found at: http://www.samhsa.gov/pubs/mhc/MHC_NCrecovery.htm.

The components are:

1. Self direction
2. Individualized and Person Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

DMHAS believes that a strong, responsive screening service is consumer and family driven, promoting a consumer's recovery. "Consumer and family driven" is defined as: *a fully collaborative partnership that encourages growth toward independence by recognizing consumer strengths and resources and addressing consumer individualized needs and priorities.*

Screening services are designed to provide screening, assessment, referral, linkage, and crisis stabilization services. Although individuals who avail themselves of screening services most likely are experiencing a psychiatric emergency, this emergency does not preclude the involvement of consumers and families in determining the clinical needs of the consumer, or the services that would prove to be in the best interests of the consumer. Similarly, strict adherence to a consumer's advanced directive, in accordance with State and federal regulations, is a necessary component of the mobile outreach and screening process.

While some consumers require screening and stabilization services in a secure environment with the availability of intensive medical supports, field reports indicate that more than half of the persons presenting in emergency rooms could have been served in less restrictive settings if support service interventions had been accessed earlier. Consequently, DMHAS will expect a strong mobile outreach and community-based crisis intervention component to the screening service.

The screening service will offer individuals clinically appropriate alternatives to inpatient care. DMHAS believes intervention and support accessed significantly earlier in the crisis cycle can maximize access and utilization of appropriate supports, increase community tenure, decrease the potential for trauma, lower costs for both consumers, families and service providers, positively impact the utilization of hospital emergency rooms, reduce the need for long-term hospitalization and allow for better consumer and system outcomes. The goal is to lessen inappropriate hospitalization and reliance on psychiatric institutions. Accordingly, the screening service will develop and maintain affiliation agreements with mental health, co-

occurring capable social service and health service systems to secure opportunities for coordination and collaboration and immediate access to community-based services and resources for consumers such as psychiatric evaluation for medication and other mental health support services.

In the event that the screening service finds that an individual's symptoms indicate that he/she requires inpatient treatment or is a danger to himself/herself, others or property due to a mental illness, the screening service will refer individuals for voluntary admission or involuntary commitment to an inpatient facility as clinically appropriate.

Since involuntary commitment entails certain deprivations of liberty, it is imperative that the screening service enlists processes that ensure that only those persons who are dangerous to themselves, to others or to property due to a mental illness and are unwilling or unable to be admitted to a facility voluntarily for appropriate care, are involuntarily committed. The screening service is to act in accordance with the screening statute and regulations (N.J.S.A. 30:4-27.1 et seq., N.J.A.C. 10:30) and NJ commitment law N.J.S.A. 30:4-27.5 et seq. Authority to involuntarily commit individuals shall be given to the screening service in accordance with the screening designation process enumerated in N.J.S.A. 30:4-27.4, -27.5 et seq., and N.J.A.C. 10:31-1.1 et seq.

The screening services will work closely with DMHAS in coordinating acute care services in Gloucester, Hudson and Ocean Counties. The screening services will convene monthly acute care system review meetings in their geographic area, in accordance with N.J.A.C.10:31-5.1 through 5.3 and provide training and technical assistance to the police and other community gatekeepers to acute care services.

The Assistant Commissioner for Mental Health and Addiction Services, operating under the authority of the Commissioner of the Department of Human Services, in consultation with the Gloucester, Hudson and Ocean County Mental Health Boards (Board) shall designate a screening service in these counties. The Boards shall base their recommendation minimally on the following criteria:

- demonstrated history of providing quality services;
- knowledge of, and willingness to provide services to target populations;
- ability to provide mental health services, as well as being capable of serving individuals who have a co-occurring disorder, in a cost effective manner; and
- documented ability to comply with N.J.A.C. 10:31-1.1 et seq.

The Assistant Commissioner shall designate an agency or facility only with the approval of the agency's or facility's governing body. In designating the screening service, the Assistant Commissioner shall ensure that the service is accessible to all persons in Gloucester, Hudson and Ocean Counties who need these services. Similarly, the Assistant Commissioner will ensure that screening service evaluation is the preferred process for entry into STCFs, so that appropriate consideration is given to less restrictive treatment alternatives.

B. Population to be served

The screening service will serve individuals who are demonstrating acute psychiatric symptoms that can benefit from recovery oriented clinical services and supports. Many of these individuals have serious and persistent mental illness. It is expected that many of these individuals will have co-occurring substance use issues, past experiences of sexual or physical abuse, emotional maltreatment and histories of frequent use of the acute care system including screening centers and inpatient units.

C. Staffing

The screening service (including mobile outreach staff) shall include a coordinator, psychiatrists, and certified screeners. The staffing complement may also include registered professional nurses, social workers, professional counselors, psychologists, other mental health professionals and/or alcohol and drug counselors. Minimally the screening service will consist of the following staffing pattern with requisite qualifications and duties as defined in N.J.A.C. 10:31-3 and N.J.A.C. 10:31-4:

- Psychiatrist availability 24 hours per day, 365 days per year to provide telephone consultation, medication orders and face-to-face evaluation;
- Certified screener availability 24 hours per day, 365 days per year to provide screening on-site and mobile screening outreach in the community;
- Personnel who shall be on-site to provide continuous monitoring of the consumer in the extended care emergency bed (ECEB) and administration of medication as needed;
- Screening service coordinator (or his/her designee) to be available 24 hours per day, 365 days per year to provide administrative and treatment planning direction as needed;
- Clinical director availability to provide / coordinate medical services; and
- Personnel to provide consultation and education, hotline coverage, psycho-education and other appropriate services, including coordination of the acute care system review procedures.

III. Provider Qualifications

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

- A. The applicant must be a fiscally viable profit or non-profit organization or governmental entity, and document demonstrable experience in successfully providing mental health support, rehabilitation, and treatment services to persons with serious and persistent mental illness.
- B. The applicant must be able to demonstrate experience and success in providing crisis intervention inpatient diversionary services to persons with mental illness, co-occurring disorders and histories of trauma.
- C. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the

Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

D. Any fiscally viable corporation, as noted above, which meets the qualifications of the Department of Human Services' Contract Policy and Information Manual, N.J.A.C. 10:3, may apply. A copy of this manual can be accessed from the webpage of the Office of Contract Policy and Management webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources/>.

Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

E. The applicant must demonstrate the ability to comply with all rules and regulations for any DMHAS program element of service proposed by the applicant.

F. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501 (c) (3) regulations, as applicable.

G. The applicant must be a government entity or a corporation duly registered to conduct business in the State of New Jersey.

Draft Affiliation Agreements or letters of intent between the applicant and any relevant program partners must be included in the application. Affiliation Agreements shall focus on the working relationships between and among the parties, including identifying contact people within each agency, timeframes for response regarding referrals, and information needed when making referrals.

IV. Mandatory Bidders Conference

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered. The Bidders' Conference will be held at the following time and place:

Date: **April 27, 2012**
Time: **1:30 -3:30PM**
Location: **Department of Human Services
222 South Warren Street,
Trenton, NJ
1st Floor Conference Room**

Bidders can pre-register for this session by telephoning Diana Gittens, at 609-777-0708 or via email at diana.gittens@dhs.state.nj.us.

V. Funding Availability

The awarded programs will be contracted to be fully operational no later than November 1, 2012. One time funds will be available to support necessary equipment, supplies, and other related start up costs. Successful awardees may be required, at DMHAS' discretion, to accept used but serviceable equipment in lieu of funds for new equipment. A maximum annualized amount is available for the screening service awards as follows:

- Gloucester – \$1,496,621
- Hudson - \$3,050,953
- Ocean - \$2,488,796

VI. Proposal Criteria

- A. Articulate the agency's understanding of wellness and recovery principles, trauma informed care and cultural and linguistic competence, as it relates to screening services as described in N.J.A.C. 10:31 and in Section II in this RFP and describe how the screening service will ensure all screening staff are competent regarding integrating these principles in service delivery.
- B. Detail how the proposed service will be delivered. Outline how services will be integrated within the broader system of care including other mental health services (inpatient and community-based), social services and law enforcement in the applicable county.
- C. Demonstrate the applicant's history of providing quality psychiatric crisis intervention services.
- D. Detail applicant's knowledge of best practice approaches in screening services and how this knowledge will be integrated in the proposed psychiatric emergency screening service.
- E. Provide a comprehensive description of the service components and methods that the screening service will employ to achieve service objectives, clinical interventions and recovery supports and access to ongoing services.
- F. Describe how Psychiatric Advance Directives and Wellness Recovery Action Plans will be incorporated in shared decision making with consumers receiving the proposed service.
- G. Provide a specified timeframe for phase-in and full implementation of all components of screening service operations based on a July 25, 2012 award date. Please note that services are required to be fully operational no later than November 1, 2012
- H. Existing Psychiatric Emergency Screening Services for Gloucester, Hudson and Ocean Counties are being re-bid through this RFP. These services are currently provided by New Point Behavioral Health, Jersey City Medical Center and Kimball Hospital of the St. Barnabas Healthcare System respectively and as such, there are staff under their employ who may be displaced by the applicant awarded this service

as a result of this RFP. Applicants are expected to consider prospectively displaced employees for hire in their psychiatric emergency services proposal. Consequently, applicants must identify employee recruitment and retention strategies and include a statement in their proposal that indicate the applicant's willingness to consider for employment those employees who will be displaced as a result of this RFP.

- I. Clearly state the projected number of individuals you propose to serve annually in each type of service while not exceeding the maximum amount of State funds available for this screening award. Identify the proposed annual level of service commitments for each service proposed. Applicants must submit proposed DMHAS Annex A contract commitments. Those documents are available at:
http://www.state.nj.us/humanservices/DMHAS/Contracts_AnnexA_indexpg.htm.
- J. Demonstrate the applicant's knowledge of the populations served in a designated screening program.
- K. Specify the number, qualifications and skills of the clinical, nursing, rehabilitation, family/peer and support services staff comprising the team performing program activities, as well as the required credentials for each position. A table of organization including program staff, administration, support staff and evaluative staff must be included in the application.
- L. Describe how available community family and peer resources will be utilized in program operations. It is encouraged that the proposed service deploy peer and/or family resources as a part of the staffing pattern.
- M. Provide a staffing schedule, along with a description of the staffing pattern for 24/7 service accessibility.
- N. Identify the location where the proposed screening service will be sited. All proposed service locations should be designed to insure that the citizens of Gloucester, Hudson and Ocean Counties have ready access to the screening service.
- O. Describe your outreach protocols and processes for providing services in non-hospital based environments.
- P. Explain how the proposed services will interface with emergency service providers and other acute care services.
- Q. Fully describe the services that will be provided to individuals under the age of 18 and to their families. Explain how the proposed services will interface with the children's system of care.
- R. Provide a full explanation of how the applicant will arrange follow-up services for participants after departure from the screening service. Particular detail is requested regarding the relationships between the applicant's proposed service and outpatient and other community service providers.

- S. Describe the management and supervision methods that will be used, and the procedures for monitoring the performance of staff. Also describe how adherence to the principle of treatment in the least restrictive environment will be integrated into supervisory processes. This must include a detailed routine process for review of all documentation related to involuntary commitment inclusive of physician certificates to ensure that only the individuals who fully meet the civil commitment criteria are involuntarily hospitalized.
- T. Detail the specific methods to be used to measure and evaluate service outcomes and the quality of service. Include the agency specific forms, screening, and diagnostic tools to determine level of care for individuals, including those who present with co-occurring disorders. Include a full written description of proposed evaluative processes, inclusive of consumer and family involvement in these evaluative processes. Identify and quantify the specific consumer and system outcomes the proposed program will produce.
- U. Describe the referral and assessment processes, including timeframes for service delivery.
- V. Describe the community education and training that will be provided, including audiences, and frequency of education/training. Include staff, trainer, or consultant qualifications and history of providing community education.
- W. Describe the methods used to comply with State and federal confidentiality laws.

VII. Proposal Requirements

- A. Applicant must address all program items listed in Sections II through VI.
- B. Applicants must clearly state any requirements stipulated in N.J.A.C. 10:31 that the applicant is unable to meet and for which the applicant would be requesting a waiver of the particular requirement(s). The applicant must demonstrate:
 - 1. The rule is not mandated by any provision of N.J.S.A. 30:4-27.1 et seq.;
 - 2. The provision of screening services in accordance with the purpose and procedures contained in N.J.S.A. 30:4-27.1 et seq. would not be compromised if granted.
 - 3. No significant risk to the welfare and safety of individuals subject to screening services or the staff or screening service would result from granting the waiver.
- C. The documents listed below are required upon submission of the application, unless the applicant has a contract with DMHAS and these documents are already on file with DMHAS.
 - 1. A copy of the applicant's code of ethics and/or conflict of interest policy

2. A copy of the applicant's most recent organization-wide audited financial statements
 3. A copy of the applicant's certification of incorporation
 4. A copy of the applicant's charitable registration status (if applicable)
 5. A list of the board of directors, officers and their terms of office
 6. A list of the name(s) and address(es) of those entities providing support and/or money to help fund the program for which the proposal is being made
 7. A statement of assurance that all Federal and State laws and regulations are being followed (Attachment B)
 8. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment C)
 9. N.J.S.A. 53:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed and dated)
 10. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (signed and dated) only for for-profit organizations.
 11. Organization mission, history, goals and objectives and future goals.
 12. Documentation that agency meets qualifying requirements for DHS program contract (See Section III).
 13. Current Agency Licensure/Accreditation Status
- D. Application program narratives must be no more than 25 pages in length, excluding budget detail, affiliation agreements, staff schedule, table of organization, letters of support, agency forms and completed Department of Human Services RFP Cover Sheet (attached to RFP). Pages must be clearly numbered. An additional 5 pages are allowed if a response is required regarding Section VII, item B.
- E. Applicants applying for more than one county must submit separate proposals for each county for which they are applying.

VIII. Budget Requirements

The applicant must demonstrate their ability to provide mental health and co-occurring capable services in a cost effective manner within the available resources. A program budget with the following characteristics must be submitted:

- A. Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be e-mailed to a representative identified by your organization. The budget template will be sent to your agency representative using the e-mail address provided for this purpose at the Bidders'

Conference. The template contains clearly labeled separate areas for the proposed screening services; one to show full annualized operating costs and revenues, one to show one-time costs; and one to show the phase-in operating costs and revenues related to your proposed start-up date through full implementation of proposed services, regardless of your contract year.

- B. Send an email with the completed budget template file attached as an excel file to **Elaine Welsh at Elaine.Welsh@dhs.state.nj.us** and a copy to **Joel Boehmler at Joel.Boehmler@dhs.state.nj.us**. The budget is due at the same time as the rest of the proposal.
- C. All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at:

http://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm
- D. Budget notes are useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant's response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Put notes to the maximum extent possible right on the budget template file.
- E. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek and credentials are needed.
- F. Staff Fringe Benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.
- G. Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.
- H. If applicable, General and Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, limit your G & A expense projection to "new" G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.
- I. Required Respondent Assurances: Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.

IX. Clustering, Incentives and Fiscal Consequences Related to Performance

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

X. Submission of Proposal

Respondents must submit proposals electronically in PDF format by no later than 4PM on May 29, 2012 to Valerie Larosiliere, Assistant Director, DMHAS, Office of Recovery and Treatment Supports at Valerie.Larosiliere@dhs.state.nj.us. Additionally, one hard copy of the proposal with an original signature and six additional hard copies must be submitted to the attention of Valerie Larosiliere no later than 4:00PM May 29, 2012 at the following address:

Division of Mental Health and Addiction Services
Capital Center, 50 E. State St.
PO BOX 727
Trenton, NJ 08625-0727

Please note that no format other than the PDF and one original signed hard copy and six additional hard copies will be accepted for this RFP. Proposals submitted after 4PM on May 29, 2012 will not be accepted.

In addition, please submit four hard copies and a pdf version (electronically) of your proposal to the Mental Health Administrator(s) in the Count(y)ies in which you propose to develop the service. Please refer to the following web link regarding contact information for the respective Mental Health Administrators:

<http://www.state.nj.us/humanservices/dmhs/services/admin/>

XI. Review of Proposals and Notification of Preliminary Award

There will be a review of all timely submitted proposals that meet all the requirements outlined in this RFP. DMHAS will convene a review committee to review and score proposals submitted in response to this RFP. This review committee will consist of State of New Jersey employees, including staff from the DMHAS Regional Offices and DMHAS Central Office. Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process.

Recommendations from the County Mental Health Boards should be submitted by no later than June 19, 2012 to ensure they are an integral part of the proposal evaluation process. Recommendations are to be submitted to Valerie Larosiliere, Assistant Director, Division of

Mental Health and Addiction Services, Office of Treatment and Recovery Supports at the email or mailing address listed in Section X of this RFP.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric emergency services. Input from consumers and family members are an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and families. The consumer and family advisory group will meet with members of the RFP review committee, providing their input regarding each of the proposals submitted.

Scoring of Proposals Will Be Based on the Following Allocation for a maximum total of 1000 Points:

(50 Points) Integration of the principles of wellness and recovery, trauma informed care, cultural competence and linguistic competence as evidenced by specific programmatic strategies in a designated screening service program.

(25 Points) Detail for integrating the proposed service within the broader system of care, including mental health services (inpatient and community-based), addiction services for those individual who present with co-occurring disorders, social services and law enforcement within the applicable county.

(50 Points) The applicant's history of providing quality psychiatric emergency services, as evidenced by applicable program data, including quality improvement efforts related to timeliness of service provision, recidivism and reducing the use of restraints.

(60 Points) Knowledge of best practice approaches in emergency and screening services and how this knowledge will be integrated in the proposed service.

(60 Points) Description of the full range of treatment and recovery services that will be employed to achieve the program objectives.

(30 Points) Applicant's knowledge of the research and use of Psychiatric Advance Directives and Wellness Recovery Action Plans, and discussion of use within a designated screening service.

(10 Points) Specificity of phase-in plan.

(40 Points) Staffing pattern, utilization and scheduling, along with a description of staffing transition (if applicable). Include credentials for staff that will perform the full array of services listed in this RFP.

(50 Points) Applicant's knowledge of screening service user populations.

(50 Points) Engagement and service provision for family members of screening service users.

(50 Points) Integration of peer resources in the proposed program.

(50 Points) Description of outreach protocols and processes for providing services in non-hospital based environments.

(50 Points) Description of the services that will be provided to individuals under the age of 18, to their families and how the proposed services will interface with the children's system of care.

(25 Points) Agency policy that explains how the applicant will manage follow-up services for participants after departure from the screening service.

(50 Points) Description of the management and supervision methods, inclusive of how adherence to the principle of treatment in the least restrictive environment will be integrated into supervisory processes.

(50 Points) Specification of all system and program outcomes and detail regarding the specific methods to be used to measure and evaluate the quality of service.

(50 Points) Description of the referral and assessment processes, including time frames for providing services.

(50 points) Capacity, experience and skill related to providing services to individuals who have co-occurring needs related to mental illness and substance use.

(100 Points) Budget detail and ability to provide mental health services in a cost effective manner.

(100 Points) County Mental Health Board recommendation. The Board may elect to ascribe all 100 points to one RFP or apportion the points across multiple applicants for a total of 100 points.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in the public's best interest to do so. The DMHAS will notify all applicants of preliminary award decisions by July 11, 2012.

XII. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than July 18, 2012. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
New Jersey Division of Mental Health and Addiction Services
Capital Center
50 East State Street P.O. Box 727
Trenton, New Jersey 08625-0727

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding. The DMHAS will review any appeals and render final funding decisions by July 25, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

Date Received

Dept/Component

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Designated Emergency Screening Service

Cover Sheet

Proposal Summary Information

Incorporated Name of Applicant: _____

Type: Public _____ Profit _____ Non-Profit _____, or Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number _____

Address of Applicant: _____

Address of Service(s): _____

Contact Person: _____ Phone No.: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Total Match Required: _____ Match Secured: Yes _____ No _____

Funding Period: From _____ to _____

Services: _____

(For which funding is requested)

Total number of unduplicated clients to be served: _____

Brief description of services by program name and level of service to be provided*:

Authorization: Chief Executive Officer: _____

(Please print)

Signature: _____ Date: _____

*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

**Addendum to Request for Proposal
for Social Service and Training Contracts**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Department of Human Services
Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and
Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.